



Guidance document for processing PM-JAY packages

Pelvic lymphadenectomy, after prior cancer surgery

Procedures covered: 2

Specialty: Urology

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Pelvic lymphadenectomy, after prior cancer surgery	Open	New Package	SU098A	25,000
Pelvic lymphadenectomy, after prior cancer surgery	Laparoscopic	New Package	SU098B	30,000

ALOS: 3 Days

Minimum qualification of the treating doctor:

Essential: MCh/DNB or Equivalent (in Urology, Surgical Oncology), MD/DNB in Gynecology.

Special empanelment criteria/linkage to empanelment module: Care at tertiary care hospital

Disclaimer:

For monitoring and administering the claim management process of **Pelvic lymphadenectomy, after prior cancer surgery**, NHA shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to any other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

1.1 Objective:

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

1.2 Clinical key pointers:

Pelvic lymphadenectomy is also called a pelvic lymphadenectomy, ilioinguinal lymphadenectomy or deep groin dissection. Ilio-inguinal lymphadenectomy is most performed surgical procedure for several malignant conditions of male and female genitalia,

and the skin. In female this procedure is a supplementary part of staging and treatment in gynecologic oncology.

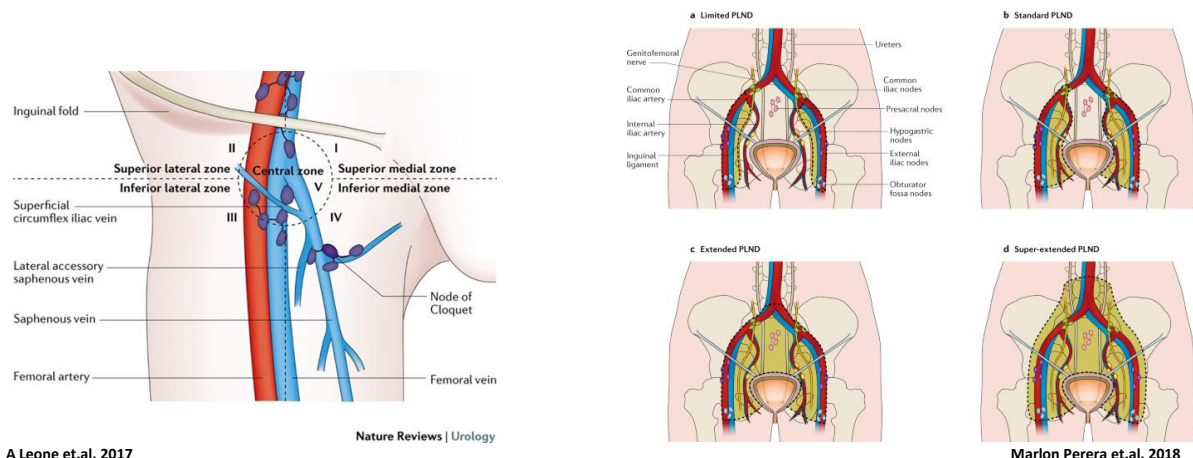
Indications:

- Carcinoma of the penis, Carcinoma of Urethra, scrotum, and testis with scrotal invasion, Ovaries, uterus, cervix and vagina cancers, Lower abdominal, rectum cancers.
- To control the spread of cancers, and to minimize the reoccurrence

Diagnosis: Non-invasive (USG/CT/MRI/FDG-PET) Ultrasound (USG) combined with fine-needle aspiration cytology (FNAC)

Management: involves clearing the superficial and deep inguinal nodal basins. Both **open inguinal lymphadenectomy** (OIL) and **Minimally invasive techniques:** laparoscopically assisted ilio-inguinal lymphadenectomy (LIIL) or Video endoscopic inguinal lymphadenectomy (VEIL) are in practice.

- **Lymph node metastasis** is the most important prognostic indicator for survival in squamous cell carcinoma of the penis. lymphadenectomy in penile cancer offers a chance for cure in low nodal burden disease in contrast to other urological malignancies such as bladder cancer or renal cell carcinoma where lymph node involvement leads poor prognosis.
- **Open inguinal lymphadenectomy** is the gold standard treatment of metastatic inguinal lymph nodes.
- Radical Inguinal Lymphadenectomy, Superficial Inguinal Lymph node Dissection (SILD), Modified inguinal lymphadenectomy, Dynamic sentinel node biopsy
- Patients with low-stage nodal metastasis can achieve durable survival with surgery alone.



A Leone et.al. 2017

Nature Reviews | Urology

Marlon Perera et.al. 2018

1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	Pelvic lymphadenectomy, after prior cancer surgery
i. At the time of Pre-authorization	
a. Clinical notes with planned line of treatment and advice for admission	Yes
b. USG/CT/MRI / FNAC/Biopsy report confirming bilateral testicular cancer	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure / operation notes	Yes
c. Histopathology report	Yes
d. Detailed discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

3.1 Objective: To enable setting up of cross check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop-ups:

- I. Was the Clinical notes and USG/CT/MRI report submitted are indicative of the surgery? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.

References:

1. <https://emedicine.medscape.com/article/446463-overview>
2. Link, Richard E., and Ronald A. Morton. "Indications for pelvic lymphadenectomy in prostate cancer." *Urologic Clinics of North America* 28.3 (2001): 491-498.
3. <https://www.cancer.ca/en/cancer-information/diagnosis-and-treatment/tests-and-procedures/pelvic-lymph-node-dissection>
plnd/?region=on#:~:text=A%20pelvic%20lymph%20node%20dissection,lymphadenecto my%20or%20deep%20groin%20dissection